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Applied Medical 1-949-713-8206

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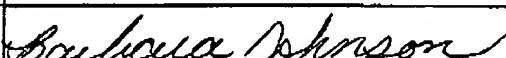
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/776,387	
	Filing Date	February 10, 2004	
	First Named Inventor	Scott V. Taylor	
	Art Unit	3731	
	Examiner Name	Sarah K. Webb	
Total Number of Pages in This Submission	3	Attorney Docket Number	AUS-2285-AL

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	PATRICK Y. IKEHARA	
Signature		
Date	November 22, 2005	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant.: Taylor et al.

Serial No: 10/776,387

Filed: February 10, 2004

Title: ACCESS SEALING APPARATUS AND  
METHOD

) Customer No.: 21378

) Docket No.: AUS-2265-AL

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Barbara Johnson  
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(Signature)

Dear Sirs:

Attached please find the following documents submitted for filing in reference to  
the above-referenced application.

1. Power of Attorney and Correspondence Address Indication  
Form; and,
2. Transmittal

Respectfully submitted,

*Barbara Johnson*  
Barbara Johnson  
Applied Medical Resources

**CUSTOMER NO.: 21378**Telephone: (949) 713-8000  
IP Facsimile: (949) 713-8206

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PTO/SB/91 (04-06)

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and  
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INDICATION FORM**

Application Number	10/776,387
Filing Date	February 10, 2004
First Named Inventor	Scott V. Taylor
Title	Access Sealing Apparatus and Method
Art Unit	3731
Examiner Name	Sarah K. Webb
Attorney Docket Number	AUS-2265-AL

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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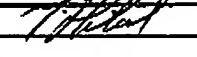
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	November 17, 2005
Name	Nabli Hilal	Telephone	949-713-8000
Title and Company	Senior Vice President, Applied Medical Resources Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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